

01-10-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: KRAMM ET AL.  
TITLE: METHOD AND APPARATUS FOR ENDOVENOUS PACING LEAD

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL844550992US, on this 29<sup>th</sup> day of October, 2001.

Molly Chlebeck

Printed Name

Signature: Molly Chlebeck

Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

☒ Patent Application Transmittal

☒ Specification:

Total pages: 16 (including claims and abstract: Spec. 10 sheets; Claims 5 sheets; Abstract 1

☒ Drawings:

Total sheets: 8

☐ formal ☒ informal

☒ Combined Declaration and Power of Attorney:

☒ unexecuted

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒ Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
of prior application No. \_\_\_\_\_ / \_\_\_\_\_.

☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation  
☐ division ☐ continuation in part of application number \_\_\_\_\_, filed \_\_\_\_\_.

☐ Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee.  
(At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: \_\_\_\_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

X Address all future correspondence to: Beth L. McMahon, Reg. No. 41,987  
Medtronic, Inc., MS 301  
7000 Central Avenue NE  
Minneapolis, Minnesota 55432  
Telephone: (763)514-3066

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	31	20	= 11	x 18	\$198.00
Independent Claims	8	3	= 5	x 84	\$420.00
Multiple Dependent Claims				+ 270	
Basic Filing Fee					\$740.00
TOTAL					<b>\$1,358.00</b>

X Charge Deposit Account No. 13-2546 the amount of **\$1,358.00** for the filing fee and extra claim fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

X  
Date Oct 29, 2001

Beth L McMahon

Beth L. McMahon, Reg. No. 41,987  
MEDTRONIC, INC.  
7000 Central Avenue N.E.  
Minneapolis, Minnesota 55432  
Telephone: (763) 514-3066